



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Connecticut General Life Insurance Company - Medical														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	575,622	575,622
PR	2011	0	0	1,011,113	0	10,293	994,887	0	0	9,216	0	0	8,204	2,033,713
PR	2012	0	0	7,355	0	0	7,442	0	0	8,142				22,939
ME	2009	0	0	0	0	0	0	0	0	0	0	0	268,909	268,909
ME	2010	0	0	0	0	0	0	0	0	0	0	0	306,937	306,937
ME	2011	338,385	337,220	335,508	334,768	330,498	329,621	333,383	332,043	327,067	325,784	325,819	311,586	3,961,682
ME	2012	307,435	304,630	299,065	291,600	289,603	288,892	427,354	421,743	415,734	413,849	410,202		3,870,107
PV	2011	209,243	129,274	141,067	134,496	709,537	102,967	98,486	98,623	101,998	102,215	102,782	100,532	2,031,220
PV	2012	114,455	104,841	116,533	110,540	107,089	106,242	103,694	102,462	97,326	109,162			1,072,344
MC	2008	75,765	176,235	180,864	179,309	176,465	172,828	180,736	166,551	167,546	194,346	168,086	189,919	2,028,650
MC	2009	381,464	386,241	459,940	449,297	428,138	448,118	437,228	439,792	424,537	480,811	439,522	482,848	5,257,936
MC	2010	396,549	398,877	441,890	465,856	443,523	450,207	411,507	382,613	222,775	451,174	454,381	436,180	4,955,532
MC	2011	371,904	438,214	505,703	293,344	281,470	284,912	257,143	269,575	253,394	254,988	257,312	258,964	3,726,923
MC	2012	331,263	283,055	304,883	388,265	309,943	397,597	323,204	283,246	251,721	273,375	245,078		3,391,630
PC	2008	58,034	56,533	59,944	59,021	61,734	59,515	63,487	62,256	64,587	68,450	63,262	68,685	745,508
PC	2009	78,786	74,011	81,973	79,854	84,645	79,650	78,926	76,502	78,060	79,887	77,644	81,930	951,868
PC	2010	78,376	74,864	85,751	82,014	82,635	84,345	81,149	81,248	84,181	82,167	67,802	47,598	932,130
PC	2011	53,427	50,126	58,399	53,637	55,392	55,578	52,800	55,316	52,252	53,592	52,222	60,188	652,929
PC	2012	53,209	50,169	52,457	50,029	48,900	46,050	49,782	48,737	43,808	35,961			479,102
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









